

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (<i>Case Name</i>)	8. PAYMENT CATEGORY		9. TYPE PERSON REPRESENTED
	<input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense		<input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant
	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other		<input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee
	<input type="checkbox"/> Appeal		<input type="checkbox"/> Other
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>			

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT	
<p>As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:</p> <p><input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and <u> Z </u> OR</p> <p><input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (<i>Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses</i>)</p> <p>Signature of Attorney _____ Date _____</p> <p style="text-align: center;"><input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization</p> <p>ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS _____</p> <p style="text-align: right;">Telephone _____</p>	

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (<i>See Instructions</i>) 15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of <input type="checkbox"/> YES <input type="checkbox"/> NO	14. TYPE OF SERVICE PROVIDER <table style="width:100%;"> <tr> <td style="width:50%;"> 01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive 14 <input type="checkbox"/> Pathologist/Medical Examiner </td> <td style="width:50%;"> 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>) 24 <input type="checkbox"/> Other (<i>Specify</i>) _____ </td> </tr> </table>	01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive 14 <input type="checkbox"/> Pathologist/Medical Examiner	15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>) 24 <input type="checkbox"/> Other (<i>Specify</i>) _____
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CLAIM FOR SERVICES AND EXPENSES**FOR COURT USE ONLY**

16. SERVICES AND EXPENSES (<i>Attach itemization of services with dates</i>)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

17. PAYEE'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS _____	
	TIN: _____ Telephone _____
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment	
I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (<i>compensation or anything of value</i>) from any other source for these services.	
Signature of _____ Date _____	

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.	
Signature of _____	Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
23. <input type="checkbox"/> Either the cost (<i>excluding expenses</i>) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (<i>excluding expenses</i>) exceeds \$300.			
Signature of Presiding Judicial Officer _____		Date _____	Judge/Mag. Judge Code _____
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) <div style="display: flex; justify-content: space-between;"> Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____ </div>			